GARY LOCKE Governor



OFFICE OF THE GOVERNOR

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January 16, 2004

Jeff Devlin, Director Commercial Virology Abbott Laboratories Department 33K, Building AP 30 Abbott Park, IL 60064

Dear Mr. Devlin:

On behalf of the people of Washington, I am writing to express my concerns about Abbott Laboratories' recent decision to raise the cost of the protease inhibitor ritonavir by almost 500 percent. I understand that the average price of this crucial antiretroviral drug will jump from \$2.15 to \$10.70 per 100-milligram tablet. This unprecedented increase will have immediate and short-term consequences, and potentially serious long-term ramifications.

Protease inhibitors are a crucial drug class for the majority of people living with HIV. The combination of ritonavir and other licensed protease inhibitors allows for prolongation of blood levels, less-frequent dosing, fewer pills, and sometimes the removal of dietary restrictions. It is of particular benefit to those who have lived with HIV/AIDS the longest, have advanced immunologic deterioration, are in the greatest need of effective treatments, and have an extensive treatment history. A price hike of this magnitude will bring additional hardship to individuals struggling with this devastating illness.

The National State and Territorial AIDS Directors completed price negotiations with most of the major pharmaceutical companies just a few months ago, to maximize the use of shrinking AIDS Drug Assistance Program (ADAP) funds relative to need. To announce a 500 percent increase in the cost of ritonavir so soon after this agreement – with only a statement from Abbott Laboratories that ADAP programs will be unaffected through 2005 – is deeply disturbing. Washington State has supplemented ADAP federal funds to avoid major formulary restrictions and capping enrollment. Abbott Laboratories' decision will have a direct and immediate effect upon our state's ADAP program now, and a dramatic impact later if the price increase is passed on to us after the 2005 deadline.

The surge in costs also could have a chilling effect on the development of new protease inhibitors that would be practical only if dosed with ritonavir. One such drug in development is tripanavir. Potentially, it could be of great help to HIV-infected persons who are resistant to the current protease inhibitors.





Jeff Devlin, Director January 16, 2004 Page 2

For all of these critical reasons, I urge Abbott Laboratories to reconsider its decision. Doing so is vitally important to thousands of critically ill individuals in Washington and their loved ones.

Sincerely,

Gary Locke

cc: Judith Billings, Governor's Advisory Committee on HIV/AIDS